

PART B—ISSUE FEE TRANSMITTAL

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Assistant Commissioner for Patents
Washington, D.C. 20231

NOV 01 2001

#188-11/14/02

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PATREA L. PABST

HOLLAND & KNIGHT LLP

QM12/0813

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1201 WEST PEACHTREE STREET, N.E.

ATLANTA GA 30309-3400 3400

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I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

PAMELA TURNBOUGH

(Depositor's name)

Pamela Turnbough

(Signature)

11-1-01

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
09/185,360	11/03/98	007	ISABELLA, D	3738 08/13/01
First Named Applicant	VACANTI, 35 USC 154(b) term ext. = 0 Days.			

TITLE OF INVENTION ENGINEERING OF STRONG, PLIABLE TISSUES

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
3	MIT-6917(CMC	623-001.110	K45	UTILITY	YES \$620.00	11/13/01

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Holland & Knight LLP

2. _____

3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Children's Medical Center Corporation

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Boston, Massachusetts

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ Individual ☒ corporation or other private group entity ☐ government

4a. The following fees are enclosed (make check payable to Commissioner of Patents and Trademarks):

☒ Issue Fee☒ Advance Order - # of Copies 20

4b. The following fees or deficiency in these fees should be charged to:

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

NOTE: The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.

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PATENT DEPT.

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